

# PGY2 Ambulatory Care Pharmacy Residency

## VA Hudson Valley Health Care System



### Castle Point Campus

41 Castle Point Road  
Wappingers Falls, NY 12590



Accredited  
since 2013



### Montrose Campus

2094 Albany Post Road  
Montrose, NY 10548



### Monticello CBOC

55 Sturgis Road  
Monticello, NY 12701



### Goshen CBOC

30 Hatfield Lane, Suite 204  
Goshen, NY 10924



### Port Jervis CBOC

150 Pike Street  
Port Jervis, NY 12771

# VA



## U.S. Department of Veterans Affairs

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## About VA HVHCS (Visit our facility's website at: <http://www.hudsonvalley.va.gov/>)

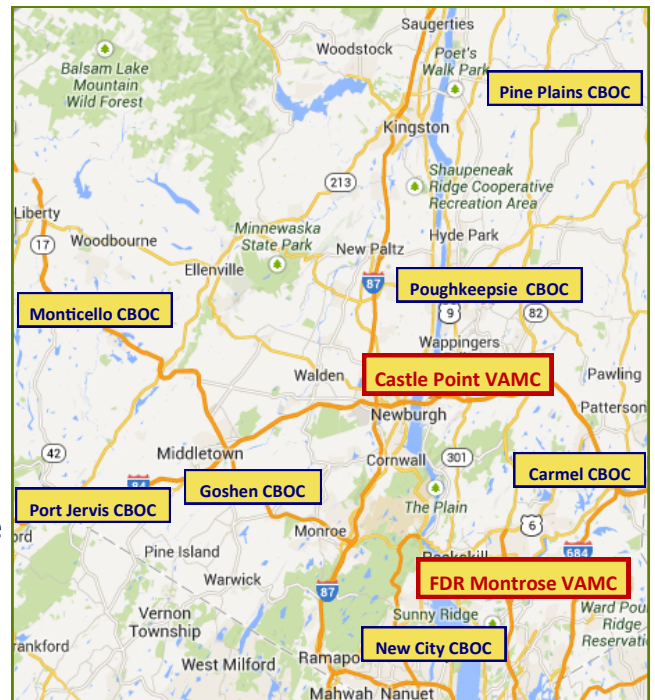
In 1996, two Veteran Administration Medical Centers (VAMCs) in Veterans Integrated Service Network (VISN) 2 South (formerly VISN 3) consolidated their services. It was the first locally initiated integration of its kind. In March of 1997, the Castle Point VAMC and the Franklin Delano Roosevelt (FDR) VA Hospital joined to become the VA Hudson Valley Health Care System (VA HVHCS), which now services 24,000 Hudson Valley Veterans annually. Consisting of two main campuses and a host of community based outpatient clinics (CBOCs), the VA HVHCS is dedicated to providing a wide range of services, including medical, psychiatric, and extended care.

### FDR Montrose:

As the southern facility of the VA HVHCS, the FDR Montrose campus is located in northern Westchester County just 38 miles north of New York City. A former estate and original historic site of the mansion Boscobel or "beautiful woods," this medical facility that opened in 1950, boasts one of the largest community home care programs for Veterans within the entire VA system. The program follows Veterans who live in community residences, providing a link to a full array of health and medical services available at both main campuses. The FDR Montrose campus provides services for acute and chronic mental health and extended care to a large geriatric population. Three residential programs specialize in recovery from substance abuse, post-traumatic stress disorder, and homelessness. Outpatient services includes primary care, mental health, dentistry, optometry, podiatry, and women's health clinics.

### Castle Point:

The northern facility of the VA HVHCS, the Castle Point campus, opened in 1924 and is located on the scenic banks of the Hudson River, just 65 miles north of New York City. It delivers modern, progressive health care services to our nation's Veterans. A wide range of medical services, intermediate medicine, rehabilitation medicine, same-day surgery, and primary care are available at this facility. Various specialty care services as well as outpatient mental health services are also available.



### CBOCs:

There are a number of CBOCs in surrounding counties: Orange County (Goshen and Port Jervis), Sullivan County (Monticello), Rockland County (New City), Putnam County (Carmel), and Dutchess County (Poughkeepsie and Pine Plains). These clinics bring care closer to Veterans in the communities in which they live. These clinics bring care closer to Veterans in the communities in which they live and offer primary care, mental health services, and select specialist services. Of note, many of the specialists located at the two main campuses are also available through clinical video tele-health (CVT) technology.

### Other:

VAHVHCS is part of a larger network of care, Veterans Integrated Service Network (VISN) 2 South, that includes VAMCs in the Bronx, Brooklyn, East Orange, Lyons, Manhattan, and Northport. Together they represent a comprehensive health care system available to Veterans throughout the NY/NJ area. A sharing relationship with Keller Army Hospital at West Point also provides Veterans with enhanced services.

Focusing on improving access and continuity of care, VA HVHCS provides innovative health care with an emphasis on performance improvement. A majority of our patients receive care through primary care clinics focusing on health promotion and disease prevention. We use the latest technology to provide high quality health care, including a computerized medical record, bar-coding for medication administration and an automated system for filling prescriptions. Patient and customer satisfaction is one of our top priorities. We continue to expand and improve health care programs and services to meet the needs of our patients. Veterans can receive information and care through patient education, preventive medicine, telephone advice systems, urgent care, acute and long-term inpatient care, outpatient care, rehabilitation, hospice and home health care services.

## Program Overview

The VA HVHCS offers a post-graduate year two (PGY2) Ambulatory Care Pharmacy Residency Program, which is accredited by the American Society of Health System Pharmacists (ASHP). This multi-site, 12-month (July 1 – June 30) program is designed to further develop medication management skills in a multi-disciplinary ambulatory care environment, with focus on continuity of care in the rural health setting.

Emphasis is placed on providing the PGY2 pharmacy resident with direct patient care responsibilities to develop clinical skills, knowledge, and competencies. The PGY2 pharmacy resident is afforded with the opportunity to longitudinally monitor patients' clinical progress through pharmacy-managed ambulatory care clinics. The PGY2 pharmacy resident works closely with clinical pharmacy specialists (CPSs) who are responsible for direct patient care in anticoagulation, diabetes, dyslipidemia, hypertension, congestive heart failure, chronic obstructive pulmonary disease, among other disease states. Each CPS has a scope of practice, which includes the authority to write prescriptions, order laboratory and other diagnostic tests, and consult other services when indicated. The PGY2 pharmacy resident will be responsible for pharmacotherapy decisions, patient counseling, writing progress notes, and monitoring drug therapy to optimize therapeutic outcomes. Most patients are managed by outpatient clinic visits, but telephone follow-up may also be part of the direct patient care provided. In addition, state-of-the-art clinical video tele-health (CVT) equipment may be utilized.

To the further development of clinical practice skills, the PGY2 pharmacy resident will acquire and cultivate advanced leadership skills. The PGY2 pharmacy resident will assist in the development of new policies and procedures needed to carry out the Mission of Pharmacy Service to improve the quality of patient care. The PGY2 pharmacy resident will gain valuable experience in our pharmacy administrative programs, including local medication use evaluations, committee work, academic detailing, and developing clinical programs.

Furthermore, the PGY2 pharmacy resident will be afforded the opportunity to participate in several patient educational programs and will gain experience in lecture preparation, didactic teaching, and in the precepting of students. The PGY2 pharmacy resident will also serve as a mentor to our post-graduate year one (PGY1) pharmacy residents and function as the Chief Resident during the course of the year. Additional teaching experience will be provided through delivery of in-services for staff development and participation in pharmacy journal clubs and case discussions.

Completion of a project of interest to the PGY2 pharmacy resident is also required. The PGY2 resident will work with a project preceptor to plan, carry out, and evaluate the results of this project. These results are presented at the Eastern States Pharmacy Residents and Preceptors Conference in the spring of each year. A written manuscript of this project is required for completion of the residency.

## Program Affiliation

The residency program is affiliated with the Hudson Valley Rural Geriatric Education Collaborative (HVRGEC) program. This collaborative program aims to prepare associated health trainees to provide high-quality health care to older rural Veterans. As such, the PGY2 pharmacy resident will provide direct patient care as a member of the interdisciplinary teams at our rural health CBOCs. The PGY2 pharmacy resident will also take part in multi-modal educational offerings (i.e. journal clubs, case conferences, seminars, workshops) offered by the VISN2 South GRECC (geriatrics research, education, and clinical center) and RHTI (rural health training & education initiative).



**Rural Health**  
Training & Education Initiative  
VETERANS HEALTH ADMINISTRATION  
Office of Rural Health & Office of Academic Affiliations

## Pharmacy Services



Beyond the main campuses, Pharmacy services at the rural health CBOCs include pharmacist-directed chronic disease state management, group education classes, drug information, formulary management, as well as limited on-site medication dispensing and counseling. The PGY2 pharmacy resident will work as part of an integrated multi-disciplinary team consisting of primary care providers, clinical pharmacists, social workers, registered nurses, and medical technicians. The PGY2 pharmacy resident will also have the opportunity to develop innovative medication management services and patient care clinics. The practice environment promotes the development of the skills necessary for the PGY2 pharmacy resident to function as an independent CPS.



## Required Learning Experiences:

- Orientation
- Ambulatory Care/ Patient Aligned Care Team (PACT)
- Anticoagulation
- Clinical Pharmacy Management/ Administration
- Teaching & Health Education
- Project
- Duty Hours

## Elective Learning Experiences:

- Infectious Disease
- Mental Health
- Home-Based Primary Care (HBPC)
- Pain Management
- Academic Detailing



## Purpose

### ASHP-accredited PGY1 Pharmacy Residency Program Purpose:

PGY2 Pharmacy Residency Programs build on Doctor of Pharmacy (PharmD) education and PGY1 Pharmacy Residency Programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 Pharmacy Residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area (when board certification for the practice area exists).

### VA HVHCS PGY1 Pharmacy Residency Program Purpose:

The purpose of the PGY2 Ambulatory Care Pharmacy Residency Program is to develop ambulatory care clinical pharmacy specialists to be providers of direct patient care in an ambulatory care (outpatient/rural health) practice setting and integrate as members of an interdisciplinary health care team.

Residents completing the PGY2 Ambulatory Care Pharmacy Residency Program will be competent and confident practitioners of pharmaceutical care in the ambulatory care practice setting. They will be skilled teachers, excellent leaders, and proficient practitioners accountable for achieving optimal drug therapy outcomes in the outpatient setting. Residency graduates will function independently as well as be prepared to work collaboratively as members of a health care team. These pharmacists will exercise proficiency in communication and education of other health care professionals, patients, and the community. Graduates should possess competencies that enable attainment of board certification in ambulatory care (BCACP), and are qualified to practice as ambulatory care clinical pharmacy specialists.

## ASHP Required Competency Areas

1. Patient Care
2. Advancing Practice and Improving Patient Care
3. Leadership and Management
4. Teaching, Education, Dissemination of Knowledge

## Program Structure

Structurally, the PGY2 Ambulatory Care Pharmacy Residency Program is conducted as a longitudinal clinic experience carried out at the main campuses and 2-3 rural health CBOCs. The PGY2 pharmacy resident is simultaneously expected to prioritize and work on ongoing clinical, didactic, administrative, and project activities. There is the opportunity for elective learning experiences that can be completed at the main campuses to provide a well-rounded experience.

2 weeks (July 1-12)	1.5-2 months (July-Aug)	3 months (Sept-Nov)	1 month (Dec)	3 months (Jan-Mar)	3 months (Apr-Jun)
Orientation VA HVHCS & Pharmacy Orientation (outpatient & inpatient pharmacy staffing), Residency Learning System	Orientation <i>cont'd</i> <sup>1,3</sup> Ambulatory Care/PACT and Longitudinal learning experiences Anticoagulation, Clinical Pharmacy Management/ Administration, Teaching & Health Education, Residency Project	<sup>1,3</sup> Ambulatory Care/PACT and Longitudinal learning experiences: Anticoagulation, Clinical Pharmacy Management/Administration, Teaching & Health Education, Residency Project			
		<sup>2</sup> Elective #1 Infectious Disease Mental Health/ Tobacco Cessation HBPC Pain Management	Transitional ASHP Midyear Clinical Meeting, NF reviews	<sup>2</sup> Elective #2 Infectious Disease Mental Health/ Tobacco Cessation HBPC Pain Management	<sup>2</sup> Elective #3 Infectious Disease Mental Health/ Tobacco Cessation HBPC Pain Management

## Application Requirements:

- Letter of intent\*
- Curriculum vitae
- Official college transcripts (College of Pharmacy)
- Three references (PhORCAS standardized reference form is sufficient)<sup>±</sup>
- Proof of US citizenship (i.e. birth certificate, passport)

\*The letter of intent should include the answers to the following three questions:

- (1) Why do you want to do this residency?
- (2) What are your personal and professional strengths/areas for improvement?
- (3) What are your short-term and long-term career goals?

<sup>±</sup>PGY1 residency program director (RPD) should service as 1 of the 3 required references.

Application materials should be submitted through the Pharmacy Online Residency Centralized Application Service (PhORCAS). Additional information on PhORCAS may be found at:

<http://www.ashp.org/phorcas>

All application materials must be received by **January 8<sup>th</sup>** in order to be considered for an interview.

## Program Structure *cont'd*

The PGY2 pharmacy resident works closely with the Residency Program Director (RPD), designee and/or his/her primary preceptor(s) to develop goals and objectives that will assist him/her in expanding skills for current and future practice. Learning experiences are planned with the PGY2 pharmacy resident to maximize opportunities for learning and development of individual interests. Regular meetings with the RPD and/or designee ensure that long-term goals of the PGY2 Ambulatory Care Pharmacy Residency Program are fulfilled.

*Sample 3 month Schedule:*

Day	Monday	Tuesday	Wednesday	Thursday	Friday
AM*	Ambulatory Care/PACT <sup>1</sup> (face-to-face and telephone)  Resident Administrative Time <sup>3</sup>	Anticoagulation Clinic (telephone)  Resident Administrative Time <sup>3</sup>	Ambulatory Care/PACT <sup>1</sup> (face-to-face and telephone)  Resident Administrative Time <sup>3</sup>	Clinical Pharmacy Management/Administration  Resident Administrative Time <sup>3</sup>	Ambulatory Care/PACT <sup>1</sup> (face-to-face and telephone)  Resident Administrative Time <sup>3</sup>
PM*				Elective <sup>2</sup>	

\*Tour of duty is 7:30am-4pm and/or 8am-4:30pm

<sup>1</sup>Ambulatory Care/PACT clinics are assigned on a longitudinal basis at the Castle Point main campus and/or CBOCs (Monticello, Goshen, Pine Plains, and/or Port Jervis). Resident is often in clinic 5 to 6 half days per week (depending on other assigned duties); this includes face-to-face, telephone, and some-times CVT encounters.

<sup>2</sup>Availability of elective learning experiences at select intervals may vary based on preceptor availability and services offered.

<sup>3</sup>Resident Administrative time is divided between the longitudinal requirements of Ambulatory Care/PACT, Clinical Pharmacy Management/Administrative, Teaching & Health Education, Residency Projects, and the resident's own administrative time.

## Benefits

- ♦ Competitive Stipend (estimated \$51,531)
- ♦ 13 paid annual leave days/13 paid sick days/10 paid federal holidays
- ♦ Subsidized health insurance; vision/dental benefit offered
- ♦ Free parking/lab coats/fitness center access
- ♦ Funds *may be* available to attend national and regional pharmacy conferences

## Eligibility

Applicant must be a licensed pharmacist in any state, be a US citizen (a requirement to be employed by the Department of Veterans Affairs), be a graduate of an ACPE accredited Doctor of Pharmacy degree program, and have successfully completed or be currently enrolled in a PGY1 Pharmacy Residency Program or one in the ASHP accreditation process. Applicant must be able to commit to the VA HVHCS PGY2 Ambulatory Care Pharmacy Residency Program for a period of no less than one year, and be a highly motivated pharmacist who desires advanced education and training in ambulatory care pharmacy.

\*\*Candidates will be contacted for a formal on-site interview. A performance-based interview will be conducted.

Interview process includes a 15 minute formal presentation. Ambulatory care related therapeutic topic/case discussions may also be included in the interview process. Residency selection is made through the ASHP Resident Matching Program (<http://www.natmatch.com>).

**For more information regarding the PGY2 Ambulatory Care Pharmacy Residency, please send all correspondence to:**

**National Matching  
Code: #683465**

Karen M. Park, PharmD, BCGP, BCACP

PGY1 Pharmacy and PGY2 Ambulatory Care Pharmacy Residency Program Director  
VA Hudson Valley Health Care System (VA HVHCS)

Castle Point Campus; 41 Castle Point Road; Pharmacy Service (119)